
Thank you for your continued efforts in ensuring that all our medical students at The University of Sydney receive a stimulating, challenging and fulfilling experience of general practice.

Our students provide consistent feedback about their exceptional experiences in their General practice placements. For many students this term is the highlight of their four year medical course. Many mention that they are inspired to pursue a career in general practice by their contact with their general practice teachers.

The members of the Discipline of General Practice at The University of Sydney wish you and your family and friends well and hope that you manage to enjoy some of the holiday spirit over the coming weeks, and we look forward to continuing working with you in 2007.

General Practice Honours and Awards

The Discipline of General Practice at the University of Sydney congratulates the following general practitioners and members of our academic department for the recognition of their achievements during 2006.

Associate Professor Marilyn McMurchie was awarded the Medal of the Order of Australia for her many years of service to medicine as a general practitioner, educator in the area of care for people with HIV/AIDS, and as an advocate for women in medicine. Marilyn is a long standing teacher and researcher with The University of Sydney.

Associate Professor John Gullotta was the inaugural winner of the Australian Medical Media Award for his outstanding long service to media and in medico-politics. John is also the immediate Past President of AMA (NSW) and a long standing supervisor of medical students from our university.

Professor Deborah Saltman AM was awarded the highest award of the Royal Australian College of General Practitioners, the Rose Hunt Award, in recognition of her many years of service to Australian general practice.

The Faculty of Medicine at The University of Sydney held its graduation ceremony earlier this month. We con-
gratulate general practitioners Dr Roberta Chow, Dr Lyndal Trevena and Associate Professor Simon Willcock who all received the degree of Doctor of Philosophy and general practitioners Dr Jenny Reath and Dr Brendan McPhillips who received Masters degrees. The important research conducted by each of these doctors has advanced medical knowledge in Australia.

Also at the graduation ceremony, the university honoured Dr "Rowley" Richards who was awarded an honorary Doctor of Medicine degree in recognition of his many years of service to our community. At age 90 years Rowley is one of the last surviving doctor-prisoners of war from the infamous Burma Railway of World War II. His memoir, “A Doctor’s War”, was published this year by Harper Collins - it is a remarkable story of hope and optimism in the face of great inhumanity and we commend it to you. After returning to Australia at the end of the war Rowley became a general practitioner and was one of the first Fellows of the RACGP. He has had a special interest in sports medicine, has served as medical adviser to Australian teams at two Olympic Games and has been the medical director of the Sydney City to Surf Fun Run for 30 years. Rowley has made a major contribution to our community throughout his career and is an inspiration to us all.

We congratulate our colleagues for their achievements over the past year. If you know of any other general practitioners associated with our department who have been recognised for their contribution please let us know.

Indigenous Health Issues. Dr Lilon Bandler

This year I attended the Royal Australian College of General Practitioners’ Annual Scientific Convention and had the opportunity to attend many sessions on Indigenous health issues. There were some great stories of commitment, and of people’s ability to make a change. There was frustration, and hope, and optimism, and fury. There was a long list of difficulties, and some real inspiration.

My name is Lilon Bandler. I work part time in private general practice in Wairoonga, and I have recently been appointed Senior Lecturer in Indigenous Health Education at the University of Sydney. My brief is very broad, and includes issues around curriculum review and development, recruitment and support of Aboriginal and Torres Strait Islander medical students and engagement of all our medical students in Indigenous health issues.

Now – just before you decide you don’t need to read this particular article - you’re busy … you haven’t made the children’s lunches yet … you’re not involved in Indigenous health … you don’t work at an Aboriginal Medical Service … you haven’t seen any Indigenous patients for years … you know what you’re doing when it comes to Indigenous health – I’d like to quote what the new President of RACGP had to say. Dr Preetham was launching the RACGP Indigenous Health Unit. Here’s part of what she had to say:

Before I begin today, I would like to acknowledge that this is the land of the Jagga people. I hope that our work in the area of Aboriginal and Torres Strait Islander health meets the approval of your community. The universality of Australia’s high quality health system is applauded internationally, yet there is one very important part of our population that our renowned health system seems to fail. Securing the health of our Indigenous Australians is this nation’s most urgent health priority. … By consulting with community members, allocating resources and building local capacity to deliver pro-
grams that encourage healthy lifestyles, we can achieve positive change. ... As medical practitioners we are all responsible for the improvement in Aboriginal and Torres Strait Islander health. I hope that the people up the back can hear, and I'll repeat this message, that as medical practitioners we are all responsible for improving Aboriginal and Torres Strait Islander health. (My emphasis.)

Are you thinking - what can I do? ... I work in a busy urban practice with no Indigenous patients ... there are doctors happy to work in Aboriginal Medical Services around Australia ... it doesn’t need to be me ... I’m not good at that sort of thing ... Indigenous medical graduates will help ... I’m not interested and it’s not my problem ... I have enough on my plate.

Let me suggest – just a short list:
Stay well informed. Be interested and knowledgeable. In a spare moment explore this site: www.healthinfonet.ecu.edu.au - you’re sure to find something interesting – I promise! Consider doing some cultural competence training when it comes your way. There are plans to roll out a program for GPs – look for it, and say yes! Looking for a “sea-change” – why not consider (as one of the conference delegates put it) a “desert-change”? Which Aboriginal Medical Services are recruiting and in need of a doctor? Consider a locum – some of those Aboriginal Medical Service doctors desperately need a holiday. Talk to your registrars about practice in an Aboriginal Medical Service, encourage them to consider doing at least part of their training in Indigenous health.

Most importantly - don’t turn away.

It looks like Dr Preetham will bring passion and commitment to the college with regard to Indigenous health. We should stand by her, help her in every way we can, and shoulder some of the responsibility.

Supporting the Clinical Teachers of General Practice. Dr Shane Christensen

The importance of General Practice as a distinct discipline or specialty within the medical curriculum has been increasingly recognised by medical educators since 1963 when the first Chair of General Practice in the world was established in Edinburgh (RCGP, 2006). Medical student teaching in the community has now been shown to produce equivalent or improved learning outcomes compared to teaching based entirely in the hospital setting (Ferenczick et al., 2002, Walters et al., 2003, Worley et al., 2006); and is positively associated with recruitment of doctors to general practice in the rural setting (Dunbabin, 2003). It is well recognised by Australian universities that there is a current shortage of clinical teachers; that these teachers are both under-resourced and under-funded (McGrath et al., 2006, Thistlethwaite, 2006); and that the majority of clinical teachers have no formal training in medical education (Dalton et al., 2004, Seabrook, 2001).

Since 2000, in response to the significant shortage of locally trained doctors, eight new medical schools have opened or plan to open within the next two years in Australia (Lawson et al., 2004). All new medical schools will need GPs to teach medical students. In addition to this impending substantial increase in demand from universities for GP teachers, there is a current push for both interns and first year residents (postgraduate years 1 and 2) to be able to undertake a community term as part of their hospital appointment; as there is evidence that significant educational benefits can be derived by junior doctors from being taught in the community (Illing et al., 1999).
It is generally accepted that a major factor influencing a medical student’s choice of specialty is their experience during the relevant clinical attachment (Brooks et al., 2002, Dalton et al., 2004); and that this is pertinent to recruiting and retaining doctors in a rural location (Dunbabin et al., 2006). Clinical teachers can also have a significant effect on their students as positive role models (Clay et al., 1999). GP clinical teachers could therefore be the major figures influencing whether or not a student elects to undertake vocational training in general practice. Given the current workforce crises in both urban and, especially, rural general practice in Australia this is a significant responsibility.

It would seem reasonable that GP clinical teachers should receive support and training from the university for whom they teach medical students and there is evidence that this is what they want (Baldor et al., 2001, Dalton et al., 2004, Gray & Fine, 1997, Liaw et al., 2005, Shannon et al., 2006, Walters et al., 2005, Woolley et al., 2006a). There is also increasing evidence that more needs to be done to support the recruitment and retention of GP clinical teachers (Woolley et al., 2006b). Many universities offer workshops and formal postgraduate courses in medical education but access to these courses by GPs is often difficult due to time and competing practice commitments (Pitts & Vincent, 1994, Pitts et al., 2005) and can be expensive when lost income is taken into account. In this way many current GP clinical teachers are ‘holding the fort’ with little or no formal training and inadequate support from the university institutions they support (Shannon et al., 2006, Walters et al., 2005). Without these GP teachers universities will be unable to deliver essential elements of the medical curriculum which a growing body of evidence suggests should be increasingly community based (Ferenchick et al., 2002, Walters et al., 2003, Worley et al., 2006).

In 2007 the Discipline of General Practice, University of Sydney will undertake a needs analysis of GPs involved in teaching final year medical students during the community rotation...to inform a series of medical educational workshops...”

The “Teaching in General Practice” online education module, developed by the Discipline of General practice at the University of Sydney, is currently available, hosted by Med-E-Serv. It takes approximately 6.5 hours to complete and is actively facilitated for approximately one month in three. It attracts 30 category 1 RACGP CME points on completion of the entire module.

You will need to register (FREE) for your access and for your personal learning journal which will automatically update your accumulated points to the RACGP. You can register at http://www.medeserv.com.au/intouch/registration/index.cfm. You may already have a Med-E-Serv InTouch username and password, if so enter the modules at http://www.primed.com.au/portal/programs/index.cfm (within PriMeD).
The Royal Flying Doctor’s Service – A Medical Student’s Perspective. Nicholas Jufas

The Royal Flying Doctor Service (RFDS) provides aeromedical emergency and primary health care services together with communication and education assistance to people who live, work and travel in regional and remote Australia.

The service was established in 1928 by Rev Dr John Flynn. His dream was to provide “a mantle of safety” for all Australians. The service’s first and for some years only base was at Cloncurry, Queensland. The late Sir Robert Menzies, Former Prime Minister of Australia, said the RFDS represented the “greatest single contribution to the effective settlement of the far distant back country”.

The RFDS comprises seven legally autonomous sections. Each section is responsible for the conduct of its own affairs and the provision of medical and nursing services within its area of operations. The Broken Hill Base of the service was established in 1938, serving people across an area of 640,000 square kilometres in far west NSW, south west QLD and northern SA.

The service provided by the RFDS is unique, not just within Australia, but world-wide.

The RFDS offers a range of services, in the following broad areas.

- Emergency evacuation of patients, medical transfers and hospital in-patient services;
- Comprehensive primary care via scheduled local clinics; and radio and telephone consultations, a communications network for education services and provision and maintenance of medical supply chests at remote locations.

In 1993, the RFDS reviewed its programs to see if after 65 years of service, it still met the needs of its client group. The Commonwealth government funded the review which was entitled “The Best for the Bush”. The report took over two years to complete. It confirmed that the client group felt that the RFDS should continue to provide aero-medical emergency services but it should also extend preven-
tative health care and clinical services into more pro-active programs.

Therefore, whilst the RFDS has previously operated primarily as a curative and emergency health service, its role has expanded more recently to include dentists, nurses, several aspects of health promotion and the transport of other health professionals to remote locations.

Recommended strategies for the continued growth, effectiveness and efficiency of the RFDS in the future include, but are not limited to:

- Maintaining and if possible extending already established services and routine clinics.
- Developing programs of non-emergency services, in particular with attention to preventative care and the needs of high risk and vulnerable groups.
- Active consultations with users, government agencies, stakeholders and other bodies in developing health care programs and in providing health care services to the region.

The most important factors however, continue to be:

- **Strengthening the incorporation of primary prevention**
  This key point is crucial to reducing the health burden on the RFDS service and generally for the Australian Health System. The establishment of primary prevention clinics with the RFDS has occurred as an outcome from the 1993 “Best for the Bush” report. However, the knowledge of such resources and the uptake in the community is very low.
- **Increased funding and support**
  The RFDS provides a completely free service. It does not take Medicare numbers or bill its clients at all. Therefore, for it to maintain its service and improve it into the future with measures described above, funding is needed from government and non-government sources as well as the public. This will ensure that the recommendations described above and suggested by past reports and studies can be implemented to take the RFDS successfully into the future.

The RFDS provides a valuable service to Australia’s who live in rural and remote Australia. Without them, health care for the 80% of the country designated as rural/remote would be non-existent.

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*RIFDS King Air Plane at Wilcannia Airport*

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**MIRAGE Rural High School Visit, August 2006. Erin Stalenberg (RHSV Coordinator, MIRAGE student Club)**

What a way to send off winter; two days off Uni with great company, peaceful surroundings, plenty of great food and superb wine.

In the last weekend of August 2006 a group of medical and allied health students took a moment out of their busy schedules to spend some time in western NSW and broaden the horizons of some local high school students. MIRAGE is the University of Sydney rural health club, for anyone with an interest in health careers and rural Australia, this trip was one of the biannual Rural High School Visits (RHSV). RHSV are designed to promote health careers and tertiary study
After a long and windy acting out the medical scene sessions, the lively greeted with sightings of regional life. In the long term, these projects hope to address the nationwide shortage of health professionals in country areas.

After a long and windy drive over the Blue Mountains, some of the international students were greeted with sightings of their first ever Australian native animals, unfortunately the kangaroos, wallabies and wombats we saw were mostly road-kill! Further on, the town of Mudgee greeted us with icy winds, a great venue and over 60 students keen to learn about University life and health careers. After a brief talk and some break out sessions, the lively bunch of students provided superb entertainment by acting out the medical scenario that was used as the trigger for our discussions. If not in health, there are definitely career opportunities for those kids in performance, comedy or crime!

The group spent the afternoon at Highland Medical School - a fitted out, warmly heated, high class place, one of the MIRAGE students hosted us to a brilliant BBQ lunch at her family’s winery.

The trip ended with a leisurely drive back to Sydney. MIRAGE had a great time in Mudgee and Orange, our experiences were with two very different school groups but both left us feeling like we could really have had a positive impact on their decision making and future careers. And of course with great food we enjoyed and top local wine that was flowing I’m sure both towns have left a good impression on the MIRAGE students that visited...these programs might just turn the rural workforce shortage around...!
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time contact Mr Drew Barr:
drew@gp.med.usyd.edu.au and tell him you have
applied for a password. The University Helpdesk
should then email back to you to confirm your
password.

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“borrowing”, then click on “library cards”, on
this page choose in the drop down menu “staff
member at USYD, at the bottom of the page indi-
cating borrowing privileges for Academic staff you
will find a link to “library card application form”.
Next step print this form and send the application
along with a passport size photo to Mr Drew Barr,
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How do I become a Clinical Associate of Syd-
ney University?
Contact Mr Drew Barr for an application form at
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